

**State of Colorado  
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

**SOURCE OF PRODUCED WATER FOR DISPOSAL**

Per Rule 325.c(5), this form shall be submitted for any new disposal facility and for any change in source of produced water for an existing disposal facility.

**OPERATOR INFORMATION**

OGCC Operator Number: _____ Name of Operator: _____ Address: _____ City: _____ State: _____ Zip: _____	Contact Name and Telephone: Name: _____ Phone: ( ) _____ Fax: ( ) _____ Email: _____
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**DISPOSAL FACILITY INFORMATION**

OGCC Disposal Facility Number: \_\_\_\_\_

Operator's Disposal Facility Name: \_\_\_\_\_ Operator's Disposal Facility Number: \_\_\_\_\_

Location: QtrQtr: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Range: \_\_\_\_\_ Meridian: \_\_\_\_\_

County: \_\_\_\_\_

**SUBMITTED ITEM SUMMARY TOTALS:**

Submitted: \_\_\_\_\_ Deleted: \_\_\_\_\_ Added: \_\_\_\_\_

**SOURCE OF PRODUCED WATER**

Add Source <input type="checkbox"/>	API Number: _____ - _____ - _____	Well Name & No: _____
	Operator Name: _____	Operator No: _____
Delete Source <input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input type="checkbox"/>	API Number: _____ - _____ - _____	Well Name & No: _____
	Operator Name: _____	Operator No: _____
Delete Source <input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input type="checkbox"/>	API Number: _____ - _____ - _____	Well Name & No: _____
	Operator Name: _____	Operator No: _____
Delete Source <input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input type="checkbox"/>	API Number: _____ - _____ - _____	Well Name & No: _____
	Operator Name: _____	Operator No: _____
Delete Source <input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	

Add Source	API Number: ____ - ____ - ____	Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____	Operator No: _____
Delete Source	Location: QtrQtr: ____ Section: ____ Township: ____ Range: ____ Meridian: ____	
<input type="checkbox"/>	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both		TDS: _____ mg/L

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_